

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/523, 198

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		4		4		
2		1		1			52		4				
3		1		1			53		4		4		
4		1		1			54		4		4		
5		4		1			55		4		4		
6		1		1			56		4		4		
7		1		1			57		4		4		
8		1		1			58		4		4		
9		1		1			59		4		4		
10		1					60		4		4		
11		4		4			61		9		1		
12		4		4			62		9		1		
13		4		4			63		9		1		
14		1		1			64		9		1		
15		4		4			65		9		1		
16		9		8			66		9		1		
17		9		8			67		9		1		
18		9		8			68		9		1		
19		9		8			69		9		1		
20		4		7			70		9		8		
21		4		8			71			1			
22		4		4			72						
23		4		4			73						
24		4		4			74						
25		4		4			75						
26		4		4			76						
27		4		4			77						
28		4		4			78						
29		4		4			79						
30		4		4			80						
31		4		4			81						
32		4		4			82						
33		4		4			83						
34		4		4			84						
35		4		4			85						
36		4		4			86						
37		4		4			87						
38		4		4			88						
39		4		4			89						
40		4		4			90						
41		4		4			91						
42		4		4			92						
43		4		4			93						
44		4		4			94						
45		4		4			95						
46		4		4			96						
47		4		4			97						
48		4		4			98						
49		4		4			99						
50		4		4			100						
TOTAL IND.	1		2				TOTAL IND.	0					
TOTAL DEP.	194		235				TOTAL DEP.	130					
TOTAL CLAIMS	195		237				TOTAL CLAIMS	130					